U.S. Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-30
LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only
REC'D
JUL 22 2005

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number **U -** 3856

2. Fiscal Year Covered From:

01 / 01 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.

Name Pamela E Mack

P.O. Box, Bldg., Room No., if any

Street 16850 VINCENNES St

City Northridge

State CA   ZIP Code + 4 91343

4. Name, file number, and address of labor organization.

Name I A T S E LOCAL 80

Labor Organization File Number 006-114

P.O. Box, Building and Room Number, if any

Street 2520 W OLIVE AVE

City BURBANK

State CALIFORNIA   ZIP Code + 4 91505-4523

5. Position in labor organization.   Trustee

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value **from an employer whose employees your organization represents** or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name Calif. Nurses Assoc.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 415 W Broadway

City Glendale

State CA   ZIP Code + 4 91204-2906

7.a. Nature of Interest, Transaction, or Income.

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7.b. Amount.

⊖

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Pamela Mack

On 7/14/05
Date

818-486-5617
Telephone Number

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